## PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes ( and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1 CS ID No. (Do not fill up. For CSC use only) I. PERSONAL INFORMATION 2 SURNAME 1SKAEL NAME EXTENSION (JR., SR) GABRIEL VR. FIRST NAME ARGHILLES MIDDLE NAME 3. DATE OF BIRTH 06-28-68 16. CITIZENSHIP Filipino Dual Citizenship (mm/dd/vvvv) by birth by naturalization BRGY. HIBUNAWAN BAYBAY CITYLEYTE 4 PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details Male Female Single Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS HOUSE/Block/Lot No.

BROWN HIBUNAWAY ☐ Widowed ☐ Separated Other/s: 7. HEIGHT (m) 17KG 8. WEIGHT (kg) ZIP CODE 18 PERMANENT ADDRESS 9 BLOOD TYPE BRGY HIBUNAWAY 10. GSIS ID NO BAXBAY CITY 2002 245311 03 11 PAG-IBIG ID NO 13-000/03271-3 12 PHILHEALTH NO ZIP CODE 33-155882-5 13. SSS NO. 19. TELEPHONE NO 125-138-331) 098101234515 14. TIN NO 20 MOBILE NO 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) FAMILY BACKGROUND ISPAEL 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) JUDE P. ISRAEL FIRST NAME PALUGOD VHAN FRITZ P. KRAEL MIDDLE NAME OCCUPATION JANEA P. FMPLOYER/BUSINESS NAME LGU BAYBAX CITYLENTE **BUSINESS ADDRESS** TELEPHONE NO ISRAEL 24. FATHER'S SURNAME NAME EXTENSION (JR., SR GABRIEL SP. FIRST NAME DERECHO MIDDLE NAME ISRAEL 25. MOTHER'S MAIDEN NAME LOURDES SURNAME ARGUILLEC FIRST NAME MIDDLE NAME (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR ACADEMIC LEVEL UNITS EARNED HONORS RECEIVED (Write in full) GRADUATED (if not graduated) To BRGY. HIBUNAWAN COMMUNITY ELHOOL FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION ELEMENTARY 192 08 SECONDARY VOCATIONAL / TRADE COURSE FRANCIS CAN COLLEGE BACKELOR OF OFTHE IMMACULATE SCIENCE IN COMMENCE 1991 COLLEGE CONCEPTION **GRADUATE STUDIES** SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SE	RVICE ELIGIE	BILITY					•	7 75	- A
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE (If Applicable)				DATE OF EXAMINATION / CONFERMENT  PLACE OF EXAMINATION / CONFERMENT		ITION / CONFERMENT		LICENSE (if applicable)  Date of	
BARANGAY ELIGIBILITY / DRIVER'S LIGENSE						NUMBER	Validity		
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V. WORK EX	(PERIENCE		(Co	ontinue on separate sheet	if necessary)				
(Include priva	te employmen	t. Start from your recen	t work) Description	on of duties should	be indicated in the attach	ed Work Ex	perience shee	<b>t.</b>	
28. INCLUSIVE DATES (mm/dd/yyyy)  From To			POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
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NAME & ADDRESS OF ORGANIZATION (Write in full)	(mm/dd/yyyy)	NUMBER OF HOURS		
	From To		34	POSITION / NATURE OF WORK
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	(Continue on separate sheet if necess	nrv)		
NING AND DEVELOPMENT (L&D) INTERVENTIONS	TRAINING PROGRAMS ATTENDED			
most recent L&D/training program and include only the relevant L&L	Otraining taken for the last five (5) years for Division  INCLUSIVE DATES OF	Chief Executive/Manage	rial positions) Type of LD	
ITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING (Write in full)		NUMBER OF HOURS	( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
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	(Continue on separate sheet if nece	ssary)		
HER INFORMATION				
968 Table 1970 Table 1	NON-ACADEMIC DISTINCTIONS / F (Write in full)	RECOGNITION		MEMBERSHIP IN ASSOCIATION/ORGAN (Write in full)
SPECIAL SKILLS and HOBBIES 32.		E man		
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34.	Are you related by consanguinity or affinity to appointing	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	•	
	chief of bureau or office or to the person who has immediate	e supervision over you in the Office,		
	Bureau or Department where you will be apppointed,			
	a. within the third degree?	YES NO		
	b. within the fourth degree (for Local Government Unit - Car	eer Employees)?	YES NO	
		If YES, give details:		
35.	a. Have you ever been found guilty of any administrative off	ense?	YES NO	
			If YES, give details:	
	b. Have you been criminally charged before any court?		YES NO	
			If YES, give details:	
			Date Filed:	
	and adjects to the control of the co		Status of Case/s:	
36.	Have you ever been convicted of any crime or violation of a	☐ YES ☐ NO		
	any court or tribunal?	If YES, give details:		
37.	Have you ever been separated from the service in any of the	e following modes: resignation.	☐ YES ☐ NO	
	retirement, dropped from the rolls, dismissal, termination, el	If YES, give details:		
	(abolition) in the public or private sector?			
38	a. Have you ever been a candidate in a national or local ele	ction held within the last year (except		
- 50.	Barangay election)?		☐ YES ☐ NO  If YES, give details:	
	b. Have you resigned from the government service during the		YES NO	
	election to promote/actively campaign for a national or local	candidate?	If YES, give details:	
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☐ NO	
			If YES, give details (country):	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	ona Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)	please answer the following items:	*	
a.	Are you a member of any indigenous group?			
		If YES INO If YES, please specify:		
b.	Are you a person with disability?		YES NO	
			If YES, please specify ID No:	
C.	Are you a solo parent?		☐ YES ☐ NO	
			If YES, please specify ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant a			
Service (		appointee)		
	NAME	ADDRESS	TEL. NO.	
A	POLOHIO M. ENCIERTO	DECAMI HOW		
-		PESNU 11811		
10	DAMULO C. MOPALES	BAYBAYA	40 (40)	
1	JARLITA BANDE	VICII COXIC	A CO	
42.	I declare under oath that I have never all	V=X		
	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent levels.	s Personal Data Sheet which is a true, cor	rect and complete	
	statement pursuant to the provisions of pertinent laws, ru authorize the agency head / authorized representative to v misrepresentation made in this document and its attackers			
	misrepresentation made in this document and its attachment against me.	ents shall cause the filing of administration	l agree that any GABRIEL A. ISRAELJR.	
	against me.	and and aning of administrative	Ve/criminal case/s	
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## **WORK EXPERIENCE SHEET**

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

· Duration: VANUARY 2003 TO PRESENT

• Position: ELECTRICIAN METER READING
• Name of Office/Unit: PESMU

- Immediate Supervisor: ENGR. APOLONIO M. EXCIEPTO
  Name of Agency/Organization and Location: VSU BAYBAY CITY LEYTE
  - List of Accomplishments and Contributions (if any)

Summary of Actual Duties

ELECTRICIAN

- METER READING - PLANT OPERATOR

(Signature over Printed Name of Employee/Applicant)

Date: Shill 9